

**COMMUNITY BENEFITS PLAN – REPORTING FORM**

*Pursuant to RSA 7:32-c - l*

**FOR FISCAL YEAR BEGINNING \_\_\_\_\_**

*to be filed with:*

**Office of the Attorney General  
Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397  
603-271-3591  
www.nh.gov/nhdoj/charitable**

\_\_\_\_\_  
**Organization Name**

\_\_\_\_\_  
**Federal Tax Identification Number**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**State Registration Number**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

Has the organization filed its Community Benefits Plan Initial Filing Information form?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please complete and attach the Initial Filing Information form.

If Yes, has any of the initial filing information changed since the date of submission?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please attach the updated information.

**Section 1 – Community Benefits Contact Person:**

- Name and Title:
- Address:
- Telephone Number:

## **Section 2 – Mission Statement:**

Statutory reference: *RSA 7:32-e I.*

The health care charitable trust must provide its most recent mission statement and the date it was adopted. The mission statement must describe the purpose of the health care charitable trust and delineate how the mission statement related to the community benefits reported. The mission statement must be reaffirmed on an annual basis.

1. What is your mission statement?
2. When was it last reaffirmed? (Mission statement must be reaffirmed by the trust annually)

## **Section 3 – Miscellaneous:**

Is this plan available on your web site? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we include a link to the plan on the CTU web site?

Yes \_\_\_\_\_ No \_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Please check here if you are an area agency that reports to the Department of Health and Human Services

\_\_\_\_\_ Please check here if this report is filed for two or more healthcare charitable trusts.

## **Section 4 – Definition of Community and Population Served (RSA 7:32-d, II)**

What community do you serve? (The community may be defined in terms of geographic boundaries, special populations, community groups, demographic characteristics, health status, health resources, healthcare utilization data, etc.)

## **Section 5 – Community Needs Assessment Information (RSA 7:32-f)**

1. Did you conduct your own community needs assessment or did you conduct the needs assessment in conjunction with other healthcare charitable trusts in your community?

2. *If you conducted your own assessment*, please answer the following questions:

a. When was the assessment last conducted updated? (Following the development of the initial Community Needs Assessment, the assessment must be updated every three years.)

b. Describe how community input was solicited and used in conducting the community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area.)

c. If your assessment was conducted or updated this year, please attach a copy.

3. *If you conducted a needs assessment with other healthcare charitable trusts in your community, please answer the following questions:*

a. Identify the healthcare charitable trust designated by the group to file the community needs assessment with the Charitable Trusts Unit.

b. When was the assessment last conducted updated? (Following the development of the initial Community Needs Assessment, the assessment must be updated every three years.)

4. *If you are the trust designated by a group to file its community needs assessment with the Charitable Trusts Unit, please answer the following questions:*

a. Describe how community input was solicited and used in conducting the community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area.)

b. If the group's assessment was conducted or updated this year, please attach a copy.

#### **Section 6 – Community Benefits Plan/Report (RSA 7:32-e, II-VI, RSA 7:32-l)**

Describe in detail the cost of the community benefits planned by the health care charitable trust and the methodology for estimating the cost. The plan shall include an estimate of the cost of each activity expected to be undertaken or supported in the ensuing year and a report on the unreimbursed cost of each activity undertaken in the preceding year. For each quantifiable benefit, the trust should provide an economic valuation which identifies the unreimbursed cost to the trust of providing the benefit and the method for calculating that cost. Nonquantifiable benefits should be identified separately and described in narrative form.

**PLEASE NOTE: RSA 7:32-l allows healthcare charitable trusts to file community benefit plans individually or in a combination with others. If you are filing a report on behalf of two or more entities, the following additional requirements must be met:**

- **The collaborating entities must choose a single date which is identified as the fiscal year beginning date for the plan. Please specify the date so selected.**
- **Please copy and complete page 1 (Sections 1-3) of this form for each member of the group;**
- **Please answer Section 6, questions 2 through 8, for each member of the group.**

1. Please identify the health care needs that were considered in development this plan.

**If this report is filed on behalf of two or more healthcare charitable trusts, questions 2 through 8 in this section must be answered for each member of the group. Please use additional pages/space as necessary. This information may be identified within the plan itself or submitted as an addendum to the plan.**

2. Please identify all activities the trust or group expects to undertake or support during the next year which address the needs determined through the community needs assessment. Please include the estimated cost of each activity.

3. Please identify additional community benefits or benefit activities, not specifically identified in the community needs assessment, the trust or group expects to undertake or support during the next year. Please include the estimated cost of each activity.

4. Please identify all charity care the trust or group expects to provide during the next year. Please include the estimated cost of each activity.

5. Please identify all activities the trust or group undertook or supported during the past year which addressed the needs determined through the community needs assessment and the outcomes achieved. Please include the estimated cost of each activity.

6. Please identify additional community benefits or benefit activities, not specifically identified in the community needs assessment, the trust or group undertook or supported during the past year and the outcomes achieved. Please include the estimated cost of each activity.

7. Please identify all charity care the trust or group provided during the past year and the outcomes achieved. Please include the estimated cost of each activity.

**NOTE: Bad debt may not be included as an element of charity care (RSA 7:32-h I.)**

8. Please indicate the ratio of gross receipts from operations to net operating costs for the trust.

9. Please describe the means used to solicit the views of the community on the development of this plan and an evaluation of its effectiveness. (The report shall include the means used to solicit the views of the community served by the trust, identification of community groups, members of the public and local government officials consulted on the development of the plan, and an evaluation of the plan's effectiveness. The process for development of the plan shall include an opportunity for members of the public in the trust's service area to provide input into the development of the plan and comment on the trust's proposed plan.)

**Section 7 – Public Notice (RSA 7:32-g)**

How is your plan/report made known and available to the public?

**Section 8 – Additional Information**

*Section 8 is optional. However, responses will assist us in assessing the overall cost/benefit of implementing the community benefits reporting law and will assist the legislature in future policy decisions.*

1. Did you or your group hire an outside firm to prepare your needs assessment?
2. Did you or your group hire an outside firm to prepare your plan/report?
3. What was the cost of the needs assessment in dollars and/or personnel hours?
4. What was the cost of the plan/report in dollars and/or personnel hours?
5. Did the services you deliver change in any way as a result of this assessment and reporting process? Please describe.